

ADVISORY COMMITTEE APPLICATION FOR BOARD APPOINTMENT

Attachment # 5

of 1

It is the applicant's responsibility to keep the information on this form current.
To advise the County of any changes please contact Christine Coble
by telephone at 488-9962 or by e-mail at CobleC@mail.co.leon.fl.us

Applications will be discarded if no appointment is made after two years.



Name: TOM BAHORSKI Date: 8/26/2004

Home Phone: 878-2678 Work Phone: 510-1595 Email: T.BAHORSKI@ATT.NET

Occupation: Project manager Employer: Retired

Please check box for preferred mailing address.

☐ Work Address:

City/State/Zip:

☒ Home Address 8527 YASHUNTA FUL RD

City/State/Zip: Tallahassee FL 32311

Do you live in Leon County? ☒ Yes ☐ No If yes, do you live within the City limits? ☐ Yes ☒ No

Do you own property in Leon County? ☒ Yes ☐ No If yes, is it located within the City limits? ☐ Yes ☒ No

For how many years have you lived and/or owned property in Leon County? 34 years

Are you interested in serving on any specific Committee(s)? If yes, please indicate your preference

1st Choice: APR Park Citizens Police 2nd Choice: Police

If not interested in any specific Committee(s), are you interested in a specific subject matter? If yes, please check those areas in which you are interested, or describe other areas not listed:

Human Services ☐ Housing ☐ Health Care ☐ Science ☐ Library Services ☐ Growth Management ☐
Tourist Development ☐ Transportation ☐ Bicycle/Pedestrian ☐ Metropolitan Planning Organization ☐

Other Areas _____

Have you served on any previous Leon County committees? ☐ Yes ☒ No

If Yes, on what Committee(s) have you served? _____

How many days per month would you be willing to commit for Committee work? ☐ 1 ☒ 2 to 3 ☐ 4 or more

And for how many months would you be willing to commit that amount of time? ☐ 2 ☐ 3 to 5 ☒ 6 or more

What time of day would be best for you to attend Committee meetings? ☐ Day ☐ Night

(OPTIONAL) Leon County strives to meet its goals, and those contained in various federal and state laws, of maintaining a membership in its Advisory Committees that reflects the diversity of the community. Although strictly optional for Applicant, the following information is needed to meet reporting requirements and attain those goals.

Race: ☒ Caucasian ☐ African American ☐ Hispanic ☐ Asian ☐ Other

Sex: ☒ Male ☐ Female Age: 51 Disabled? ☐ Yes ☒ No

Persons needing a special accommodation to participate in an Advisory Committee should contact Christine Coble by telephone at 488-9962 or e-mail at CobleC@mail.co.leon.fl.us